Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4406AGC	A. BUILDING _____ B. WING _____	C 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE OF THE VINEYARDS	1931 W VINDYARDS DRIVE SOUTH PAHRUMP, NV 89048

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/25/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and five employee files were reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 621 SS=D	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint. This Regulation is not met as evidenced by: Based on observation on 1/25/11, the facility	Y 621		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 621	Continued From page 1 failed to ensure 1 of 9 residents was not restrained by the use of a full bed rail (Resident #7). Severity: 2 Scope: 1	Y 621		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 1/25/11, the facility failed to secure oxygen tanks in a rack or to the wall (one oxygen tank was unsecured in the closet of Bedroom #7). Severity: 2 Scope: 1	Y 698		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859		

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Y 859	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 1/25/11, the facility failed to ensure that 1 of 9 residents received an annual physical (Resident #3). Severity: 2 Scope: 1	Y 859		
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 1/25/11, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (a knife and screwdriver were unsecured in the kitchen, and a razor was located in Bedroom #5). Severity: 2 Scope: 3	Y 994		